

General Assembly

## **Amendment**

January Session, 2017

LCO No. 7228



Offered by:

SEN. LOONEY, 11<sup>th</sup> Dist. SEN. FASANO, 34<sup>th</sup> Dist. SEN. GERRATANA, 6<sup>th</sup> Dist.

To: Senate Bill No. 442

File No. 608

Cal. No. 329

## "AN ACT CLARIFYING THE RIGHT TO ENFORCE ANTITRUST LAWS."

- Strike everything after the enacting clause and substitute the following in lieu thereof:
- 3 "Section 1. (NEW) (Effective from passage) In any action brought
- 4 under subsection (c) of section 35-32 of the general statutes or seeking
- 5 treble damages under section 35-35 of the general statutes, a defendant
- 6 that sells, distributes or otherwise disposes of any drug or device, as
- 7 defined in 21 USC 321, as amended from time to time:
- 8 (1) May not assert as a defense that the defendant did not deal
- 9 directly with the person on whose behalf the action is brought; and
- 10 (2) May, in order to avoid duplicative liability, prove, as a partial or
- 11 complete defense against a damage claim, that all or any part of an
- 12 alleged overcharge for a drug or device ultimately was passed on to

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13 another person by a purchaser or a seller in the chain of manufacture,

- production or distribution of the drug or device that paid the alleged
- 15 overcharge.

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- 16 Sec. 2. Section 38a-477f of the general statutes is repealed and the
- following is substituted in lieu thereof (Effective October 1, 2017): 17
- 18 (a) On and after January 1, 2016, no contract entered into or
- 19 renewed between a health care provider and a health carrier shall
- 20 contain a provision prohibiting disclosure of (1) billed or allowed
- 21 amounts, reimbursement rates or out-of-pocket costs, [and] or (2) any
- 22 data to the all-payer claims database program established under
- 23 section 38a-1091. [for the purpose of assisting] Information described
- 24 in subdivisions (1) and (2) of this subsection may be used to assist
- 25 consumers and institutional purchasers in making informed decisions
- 26 regarding their health care and informed choices among health care
- 27 providers and allow comparisons between prices paid by various
- 28 health carriers to health care providers.
- 29 (b) On and after October 1, 2017, no contract entered into between a
- 30 health care provider, or any agent or vendor retained by the health
- 31 care provider to provide data or analytical services to evaluate and
- 32 manage health care services provided to the health carrier's plan
- 33 participants, and a health carrier shall contain a provision prohibiting
- 34 disclosure of (1) billed or allowed amounts, reimbursement rates or 35 out-of-pocket costs, or (2) any data to the all-payer claims database
- 36 program established under section 38a-1091. Information described in
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- subdivisions (1) and (2) of this subsection may be used to assist 38 consumers and institutional purchasers in making informed decisions
- 39 regarding their health care and informed choices among health care
- 40 providers and allow comparisons between prices paid by various
- 41 health carriers to health care providers.
- 42 (c) If a contract described in subsection (a) or (b) of this section,
- 43 whichever is applicable, contains a provision prohibited under the
- 44 applicable subsection, such provision shall be void and unenforceable.

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The invalidity or unenforceability of any contract provision under this subsection shall not affect any other provision of the contract.

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Sec. 3. (NEW) (Effective October 1, 2017) (a) On and after January 1, 2018, no contract for pharmacy services entered into in the state between a health carrier, as defined in section 38a-591a of the general statutes, or pharmacy benefits manager, as defined in section 38a-479aaa of the general statutes, and a pharmacy or pharmacist shall contain a provision prohibiting or penalizing, including through increased utilization review, reduced payments or other financial disincentives, a pharmacist's disclosure to an individual purchasing prescription medication of information regarding (1) the cost of the prescription medication to the individual, or (2) the availability of any therapeutically equivalent alternative medication, including, but not limited to, paying a cash price, that are less expensive than the cost of the prescription medication to the individual.

- (b) On and after January 1, 2018, no health carrier or pharmacy benefits manager shall require an individual to make a payment at the point of sale for a covered prescription medication in an amount greater than the lesser of (1) the applicable copayment for such prescription medication, (2) the allowable claim amount for the prescription medication, or (3) the amount an individual would pay for the prescription medication if the individual purchased the prescription medication without using a health benefit plan, as defined in section 38a-591a of the general statutes, or any other source of prescription medication benefits or discounts. For the purposes of this claim amount" means the subsection, "allowable maximum reimbursement dollar amount that an insured's health insurance policy allows for the prescription medication.
- (c) Any provision of a contract that violates the provisions of this section shall be void and unenforceable. The invalidity or unenforceability of any contract provision under this subsection shall not affect any other provision of the contract.

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(d) The Insurance Commissioner may, (1) pursuant to the provisions of chapter 697 of the general statutes, enforce the provisions of this section, and (2) upon request, audit a contract for pharmacy services for compliance with the provisions of this section."

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	New section
Sec. 2	October 1, 2017	38a-477f
Sec 3	October 1, 2017	New section

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